

VA



U.S. Department
of Veterans Affairs

Office of the General Counsel
Washington DC 20420

MAY 27 2014

In Reply Refer To:

The Honorable Carolyn Lerner
Special Counsel
U.S. Office of Special Counsel
1730 M. Street, NW, Suite 300
Washington, DC 20036-4505

RE: OSC File No. DI-13-2133

Dear Ms. Lerner:

Enclosed is the supplemental report for OSC File No. DI-13-2133.

If you have any questions about this request, please contact Jennifer Gray in the Office of General Counsel at 202-461-7634.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Szybala", with a large, sweeping flourish extending to the right.

Renée L. Szybala
Acting Assistant General Counsel

Enclosures

**Office of the Medical Inspector
Supplemental Report
to the
Office of Special Counsel
Veterans Affairs Ann Arbor Healthcare System, Ann Arbor, Michigan
OSC File No. DI-13-2133
May 14, 2014**

TRIM 2014-D-585

The Under Secretary for Health (USH) requested that the Office of the Medical Inspector (OMI) investigate allegations lodged with the Office of Special Counsel (OSC) concerning the Veterans Affairs (VA) Ann Arbor Healthcare System (hereafter, the Medical Center) by Larry Ludtke (hereafter, the whistleblower). The whistleblower, a technician in the Logistics Service, alleged that employees are engaging in conduct that may constitute violations of laws, rules or regulations, and gross mismanagement, which may lead to a substantial and specific danger to public health. OMI conducted a site visit to the Medical Center on June 25–26, 2013, and transmitted its report to OSC on September 26, 2013.

Based on its findings, OMI made 11 recommendations for the Medical Center and 1 recommendation for VHA, all endorsed by Secretary of Veterans Affairs and the USH. OMI and VHA's Office of the Deputy Under Secretary for Operations and Management reviewed and concurred with the Medical Center's action plan in response to report recommendations. Nine of these actions have been completed and three are ongoing as described below:

Recommendation 1: The Medical Center should provide additional training for MSD (Medical Support Division) staff on stocking shelves in supply storage. This training should include a review of relevant Medical Center Standard Operating Procedures and Association for the Advancement of Medical Instrumentation, Association of peri-Operative Registered Nurses, and Association for Professionals in Infection Control and Epidemiology standards regarding storage of clean and sterilized supplies. Once training has been completed, monitor compliance and address noncompliance. This training has also been included in new-employee orientation.

Resolution: The Medical Center provided additional training to MSD staff about the correct procedure for stocking shelves in the supply storage area. This training included information about the importance of segregating clean and sterilize supplies. Standard Operating Procedure (SOP), *Environmental Control of Storage Areas*, was updated and training provided to staff. Compliance was monitored, and assessed as greater than 95 percent.

Action Completed

Recommendation 2: While awaiting funding for its approved renovations, the Medical Center should reorganize storage in the supply storage room to ensure that all sterile supplies and equipment are segregated from non-sterile supplies.

Resolution: The supply storage room was reorganized to segregate sterile from non-sterile supplies and equipment. Additional shelving was purchased to ensure adequate storage shelving. Compliance was monitored and assessed as greater than 95 percent.
Action Completed

Recommendation 3: The Medical Center should re-evaluate and rewrite the dress policies for restricted areas to decrease confusion and to simplify training, enforcement, and monitoring.

Resolution: The Medical Center revised Policy Memorandum 90-13, *Dress Attire for Logistics and Sterile Processing Staff*. The policy simplifies training by clearly defining the accepted attire in each area of Sterile Processing Service (SPS) and MDS.
Action Completed

Recommendation 4: Provide training to SPS and MSD staff on the revised dress policy. Once training is completed, monitor compliance and address noncompliance.

Resolution: The Medical Center revised Policy Memorandum 90-13, *Dress Attire for Logistics and Sterile Processing Staff*. SPS and MDS staff were provided training on the revised policy, which calls for appropriate attire in the preparation and decontamination areas, per the International Association of Healthcare Central Service Material Management and VHA's National Program Office for Sterile Processing. Compliance was monitored, and assessed at 100 percent.
Action Completed

Recommendation 5: The Medical Center should retrain decontamination staff members on traffic flow in their section and on appropriate use and discarding of personal protective equipment. Once training is completed, monitor compliance and address noncompliance.

Resolution: The Medical Center provided training to the SPS decontamination staff about the proper flow of traffic in their sections, as well as the appropriate use and discarding of personal protective equipment (PPE). Compliance continues to be monitored.
Action Ongoing

Recommendation 6: The Medical Center should ensure appropriate placement of trash receptacles at the decontamination area's exits, and monitor compliance with its use.

Resolution: The Medical Center moved trash and linen receptacles to the exit of the decontamination area, maintaining unobstructed egress from this area. Compliance was monitored and assessed at greater than 95%.

Action Completed

Recommendation 7: The Medical Center should consider sealing the door between the decontamination area and the room outside the locker and restrooms to eliminate the temptation to inappropriately utilize this door.

Resolution: The Medical Center sealed the door between the decontamination area and the room outside the locker and restrooms to prevent staff from using this door inappropriately.

Action Completed

Recommendation 8: The Medical Center should consider making the door from the decontamination area into the clean corridor one-way and realigning functions so that employees from the clean supply storage staff are responsible for retrieving the clean carts from the washer for use in preparing case carts.

Resolution: The Medical Center instructed SPS and MSD staff not to use the door that leads from the decontamination area into the clean corridor, except during emergencies. An alarm was placed on the door that sounds when the door is opened. Additional training was provided on responsibilities for unloading cart washers; they are now unloaded by SPS preparation area staff or MDS logistics staff, instead of by decontamination area staff.

Action Completed

Recommendation 9: The Medical Center should provide training on proper cleaning methods in the SPS and MSD areas to the EMS Supervisor and EMS staff responsible for cleaning these areas. Once training is completed, monitor compliance and address noncompliance.

Resolution: The Medical Center provided training on proper cleaning methods in SPS and MSD areas to EMS staff and supervisors responsible for cleaning these areas. Compliance was monitored and assessed at greater than 90 percent.

Action Completed

Recommendation 10: The Medical Center should provide MSD staff training on removal of suspected contaminated supplies. Once training is completed, monitor compliance and address noncompliance.

Resolution: The Medical Center updated the training module, *Introduction to Distribution*, which addresses the removal of suspected contaminated supplies, and trained SPS and MSD staff on its use, including updates. Review of this module is now included in new-employee orientation.

Action Ongoing

Recommendation 11: The Medical Center should provide training for MSD staff on removing soiled supplies from carts. Once training is completed, monitor compliance and address noncompliance.

Resolution: The Medical Center provided training to MSD staff on the removal of soiled supplies from carts. This information is now included in new-employee training. Compliance continues to be monitored.

Action Ongoing

Recommendation 12: The VHA should consider accelerating funding of the Medical Center's approved SPS and MSD renovation plan to ensure that these services continue to expand to meet growing demand.

Resolution: Funding has been provided and renovation of the SPS and MSD areas has begun.

Action Completed